

COLORADO LIVESTOCK BRAND
CHANGE OF ADDRESS FORM

BRAND NUMBER: _____

BRAND:

DATE: _____

NAME: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHYSICAL ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

COUNTY OF RANGE: _____

EMAIL ADDRESS: _____

Please mail this completed form to:

Brand Inspection Division,
305 Interlocken Parkway,
Broomfield CO 80021

or email to cara.wells@state.co.us

or fax to 303.466.1429.

A new brand card will be mailed to verify the change of address.

Questions - please contact us at 303.869.9160 or cara.wells@state.co.us.